Ripon and District Home Care

Ripon and District Homecare

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 15 September 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

At our last inspection on 19 September 2013 the provider was meeting the regulations that were assessed.

.Ripon and District Homecare are registered to provide personal care to people in their own homes. The agency's office is situated in the centre of Ripon. The agency is registered as a partnership; there are two people registered for this partnership; one of whom is also the registered manager. The other person works alongside the registered manager in a day to day management role A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

The feedback we received from people who used the service and their relatives was very positive. We received no negative comments. People told us they had confidence in the staff and they felt safe in the way staff supported them.

Summary of findings

People received care and support in their own homes according to their individual needs. People told us the service was flexible and wherever possible would accommodate any changes to people's requirements. Risks to people's safety and welfare had been assessed and information about how to support them to manage risks were recorded in people's care plan.

Appropriate checks were made as part of the service's recruitment process. These checks were undertaken to make sure staff were suitable to work with people who may be vulnerable. The service provided a training programme for staff to ensure they had the knowledge and skills to support people. This included a comprehensive induction and training at the beginning of their employment, and all mandatory health and safety training. We saw systems were in place to provide staff support. Staff participated in staff meetings, and one to one supervision meetings with their supervisor and completed an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

People who used the service told us they gave consent to their plan of care and were involved in making decisions around how their support was provided. People's care plans were reviewed to meet their changing needs. Staff told us they felt well informed about people's needs and how to meet them.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had received training in this subject.

People described staff from the agency as kind and considerate and people told us that they were treated with dignity and respect. People told us they were involved in discussions and reviews of their care packages. People told us that they received a person centred service. They said they were always introduced to staff before they provided care on their own. Staff we spoke with told us how much they enjoyed working for the service and were committed to providing an excellent service for people.

People said they were confident in raising concerns. Each person was given a copy of the agency's complaints procedures.

The provider had systems in place to enable people to share their opinion of the service provided and to check staff were performing their role satisfactorily.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were systems in place to reduce the risk of abuse and to assess and manage potential risks to people.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Staff underwent the necessary checks before they were employed and new staff received a structured induction and essential training at the beginning of their employment.

Good

Is the service effective?
The service was effective.

Staff received induction, training and supervision to support them to carry out their roles effectively.

People were supported to make decisions and to give their consent. The Registered manager was aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good

Is the service caring?
The service was caring.

People told us that staff treated them with kindness and courtesy and that they were respectful and treated people with dignity.

People told us they were involved in making decisions about the care and the support they received.

Staff showed a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People spoke highly of the staff. They said they respected their opinion and delivered care in a caring manner.

Good

Is the service responsive?
The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

People had individual rotas so that they knew the staff who were supporting

them.

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

Quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Ripon and District Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Ripon and District Homecare took place on 15 September 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff would be available to speak with us.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and spoke with the local authority contracts and safeguarding teams and with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for and received a list of names of people who received personal care services so that we could contact them and seek their views.

The inspection team consisted of a single inspector because the agency was small and only provided personal care to twenty-six people.

During our visit to the agency we spoke with both partners in the business (one of whom is also the registered manager),the assistant manager and three care staff. We spoke with three people who used the service and three relatives over the telephone to seek the views and experiences of people using the service. We reviewed the records for three people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way. Comments included, "I have every confidence in them, I feel very safe." And, "I have got to know the carer very well, I have the same two carers visit me. They have made a huge difference in my life."

We looked at copies of people's care plans and day to day care records at the agency's office. Records were in place to monitor any specific areas where people were more at risk. This included risk assessments on equipment, medication, manual handling, the environment and the emergency arrangements. We also saw that an environmental safety risk assessment had been completed as part of the initial assessment process. This helped to identify any potential risks in the person's home that might affect the person or member of staff. For example where the access to the property poses a risk such as poor outside lighting or steps to the property.

Policies and procedures regarding keeping people safe from abuse and reporting any incidents appropriately were available. The registered manager was aware of the local authority's safeguarding procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff we spoke with showed a good knowledge of safeguarding people and could identify the types of abuse, as well as knowing what to do if they had any concerns. They told us they had received training with regard to safeguarding adults during their induction period, followed by periodic updates. This was confirmed in the training records we looked at. The registered manager told us staff accompanied them to attend safeguarding strategy meetings for learning experience and to observe the safeguarding process to conclusion. There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

The staff we spoke with told us their rotas followed a regular pattern and only changed if people who used the service required it or to cover other staff for sickness or annual leave. This meant people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us this worked well and people told us they preferred to receive support from a regular team of staff. The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours.

We found that appropriate checks were undertaken before staff begun work. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of the staff member's identity. This helped to ensure that staff were suitable to work with vulnerable people. Any areas for concern had been discussed with staff and appropriate risk assessments completed.

We looked at how the service supported people with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people safely with their medicines.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with medication. Records showed that staff involved in the administration of medication had been trained. Staff we spoke with had a clear understanding of their role in administering medication. One member of staff told us, "I have had training and was shadowed until I was competent." Records we reviewed confirmed this. We were told by the registered manager that staff were not able to assist with medication until they had completed a competency test and that they had their training regularly updated.

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the service. Care and support was co-ordinated from the office. One of the staff responsible for allocating members of care staff described how staff were matched to each person being supported.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Good

Is the service effective?

Our findings

People we spoke with consistently told us they could not 'speak more highly' of staff. A relative told us, "We have the same carers who have taken time to get to know my relative. On the rare occasion where staff have left, new carers are always shadowed by the old carers." Another person told us, "The registered manager came out and visited us to discuss our needs; the agency is flexible and if things change we discuss this and make the changes." Another person said, "The support my relative needs is an ongoing progression; the agency supports us really well and are flexible."

The registered manager explained they carried out a detailed assessment of people's needs, before they started the service, to ensure the agency had the skills and capacity to provide the care that was needed. Assessments included information about people's physical health, their sleeping, diet and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. This assessment formed the basis of a more detailed plan of care.

The registered manager was reviewing their current training programme to take into account the implementation of the new Care Certificate which was introduced in April 2015 and was in the process of redesigning a new induction programme which met the new expected standards. We looked at records of induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; medication, safeguarding vulnerable adults, first aid and infection control. In addition client specific training was provided for example, in caring for people living with dementia, or in caring for someone with a stroke. The registered manager had recently attended a national dementia congress and intended to cascade information to the staff team. We noted that no formal moving and handling training was completed. The registered manager explained that they did not provide support to people with moving and handling requirements. We had seen generic moving and handling risk assessments but these placed responsibility for staff safety upon staff themselves.

Following discussion the provider agreed to source this training as a matter of urgency. Members of staff we spoke with said they felt the training equipped them with the knowledge and skills appropriate to their roles.

We looked at the staff training matrix and saw when any gaps had been identified that the relevant courses had been booked. There was a training plan in place for the year. In addition to the training courses delivered senior staff told us that they carried out observations which focused on practice to ensure that staff understood the training and were carrying this out in practice.

Staff received one to one supervision meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery. One member of staff told us "I really enjoy my supervision sessions because it gives me an opportunity to discuss concerns and any training I would like to do; they (managers) are very supportive."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Senior members of staff had completed had completed basic mental capacity act training but currently none of the people receiving a service lacked capacity to consent to their care. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. Staff we spoke with demonstrated an understanding of involving people in decision making and acting in their best interest.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed and we saw examples of where best interest decisions had been made. We saw that relevant policies and procedures were in place. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. We saw

Good

Is the service effective?

an example in one person's records that they had a concern about the person's health. We saw they had documented the need to obtain the person's consent before they contacted health professionals and this was done.

The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the manager and/or family if they had concerns about a person's loss of appetite.

Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. One relative told us how they had worked together with staff to ensure their relative's nutritional needs were maintained. We saw they had completed food and hygiene training as part of their induction.

The registered manager told us they had good working relationships with local GP's and district nursing services. Staff described how they would appropriately support someone if they felt they needed medical attention and recognised the need to pass information about changes in people's needs and any concerns about people's health to their managers immediately. We saw examples in people's care plans where staff had liaised with medical professionals.

Good

Is the service caring?

Our findings

People told us that they were cared for by staff who were 'kind, cheerful and respectful.' Comments included**;** "They (staff) are wonderful. In fact they have a made a huge difference in my life." Another person told us "I have nothing but praise for them. Others made comments such as: My carer is absolutely wonderful. They make sure that I'm alright. I'm very well cared for." "They look after me well", "I am very happy with the service", "It makes a big difference to my day. It's nice to have someone to talk to. They always stay for the time allocated and often longer."

The service had a confidentiality policy which staff signed up to when they commenced employment. Staff also told us they were aware of the need to maintain people's confidentiality. One member of staff said, "I don't talk about clients outside work."

One staff member told us, "We get to know people and what they like doing. We prompt them to do as much as they can and only take over when it's not safe. We offer choice and involve them in their care, it is their home." One person who used the service said, "the carers come and help me but somethings we do together, they don't take over at all."

People were supported by individual members of care staff or a small team of care staff who knew them well. We were told new staff were introduced to them prior them providing support. This was confirmed by people who used the service and their relatives. One member of staff told us, "I have always been introduced to the person before I go on my own, it's important that we get to know people." A relative told us, "We always know who is coming, it was very important that my relative was familiar with staff before they started to visit."

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

All of the people we spoke with and their relatives felt that their privacy and dignity was respected. Staff we spoke with said that privacy, dignity and confidentiality were discussed on induction. They gave examples of ensuring curtains were closed and internal doors shut to maintain people's dignity and privacy. One member of stay said, "We promote dignity. We aim to treat people like our own relatives; grandparents and parents. We ensure people are covered up with a towel when we do personal care."

One relative told us, "They have total respect for my relative and they treat her with dignity, for example when they are washing and dressing, they ensure that the windows are closed and curtains drawn." This meant the person's privacy had been respected.

Good

Is the service responsive?

Our findings

People told us, and we saw from the care records we reviewed, that people were involved in planning their care and support. Everyone we spoke with confirmed they had been consulted about their care and support. One person told us their relative had a care plan which they had been involved in writing. They said they had regular reviews and where there were changes to their relatives needs the care plan was agreed and amended accordingly. One relative said, "Yes they consulted us and we shared our opinion."

Another person we spoke with told us, "Staff always check with me about what I want them to do even though there was a regular routine." People also confirmed that the staff always completed their task and sometimes asked if there is anything else that they would like them to do before leaving.

The care plans we looked at had been reviewed regularly or when people's needs changed. This helped to build up a picture of people's needs and how they wanted their support to be given. Care plans included a plan of care with instructions for staff on how to provide care and support in accordance with individual need. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an over view of the care and support given by the staff. Information about how to contact the agency out of normal working hours was made available to people who used the service. Both staff and people who used the service confirmed they had these details and had used them on occasion.

Staff we spoke with said they felt the care plans provided very good detail. One member of staff told us, "The plans really help get to know the person and what support they need. I find them really useful."

The agency had a complaints procedure, which was included in the information pack given to people at the start of their care package. All of the people we spoke with knew how to make a

complaint and told us they had a copy of the complaints procedure. No one we spoke with had made a formal complaint. Everyone we spoke said they had confidence that if they had concerns the agency would respond appropriately to them.

We reviewed complaints records. There was a system in place to document concerns raised, what action was taken and the outcome. No complaints had had been recorded. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included the provision of 'satisfaction questionnaires'. We reviewed the most recent surveys collated in March 2015; all those returned said they were satisfied with the level and quality of support they received; happy with the team of staff and that staff arrived on time and completed the agreed plan of support. Some of the comments recorded included; "Excellent there is nothing we would want to change."; "The staff were always so loving and caring." everything is always done properly." Results from the survey were collated and published with action taken where areas for improvement were needed. For example one person suggested a communication journal which we were told had been implemented. This demonstrated that people's views were taken into account with regard to the way the service was managed and run.

Good

Is the service well-led?

Our findings

The registered provider is a partnership of two people; one of whom is the registered manager, however both partners have an active role in the management of the service. The registered manager explained the service had undergone some changes within the organisation; the service had relocated its office base and had created two new roles of Assistant Manager; both of whom were currently being inducted into their roles. The introduction of these roles has freed up senior manager's time to develop and improve the service. Staff told us managers were actively involved in the service and were very supportive. A member of staff told us, "There is always someone to call if I was worried about anything." Another member of staff told us, "I arrived at a call and the person was obviously unwell, they said they had phoned the office immediately and was supported to take appropriate action."

Another member of staff said "They both provide direct support so know people well, they understand what people need and step in if carers are taking annual leave or off sick. All the staff can rely on them (the partners). Staff said they were kept informed of any changes to the service provided or the needs of the people they were supporting. Staff received regular support and advice from the registered manager and care coordinators via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns.

We saw in people's care records an audit check list which was completed with the person using the service. Information in the checklist included whether the person was involved in care planning, completing daily documentation and missed or late calls. Completing these audits helped identify any shortfalls which could then be rectified in a timely manner. The registered manager also completed spot checks in people's homes to make sure they were happy with the care provided and to monitor staff performance. The registered manager told us if issues were identified extra staff training and support was provided.

One person told us, "The manager comes out and checks up on staff and to see if everything is going ok." And another person said, "I get regular visits from (name) to make sure everything is in order."

The registered manager told us because the service was small and until recently mangers provided support to people in addition to their management role, formal organised staff meetings had not taken place. The previous location of the service office had also hindered this because it was difficult to access of its location. However, staff told us they felt communication between managers and other staff was good and a lack of staff meetings had not impacted on service delivery. The registered manager said since they had moved office location staff were able to 'pop in' more frequently and staff meetings were planned for the future. The registered manger talked to us about the importance of valuing staff and was looking for innovative ways to recognise this.

We saw a number of policies and procedures to support the effective running of the service. These were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning. They were also included in the staff handbook which each member of staff had a copy.

There were systems and processes in place to monitor the service and drive forward improvements. The registered manager and partner completed audits to monitor the service including missed/late calls, medicines, staff recruitment processes, supervision and appraisals, and accidents and incident reporting. They told us they were affiliated with a small business association and other social care professional bodies such as Dementia Friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action. They said they linked with local charities in order to keep up to date with relevant care practice and national policy issues.

The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred any were recorded and these were reviewed each month this helped to minimise re-occurrence.